

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE OF DEATH

Do not use this space.

27055

File No. \_\_\_\_\_  
Registered No. 90  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

1. PLACE OF DEATH

6 7 County Mississippi  
3 Township Tyngsboro  
4 City Charleston, Mo (No. \_\_\_\_\_)

Registration District No. 564  
Primary Registration District No. 303d

2. FULL NAME Eloina Butler

(a) Residence, No. Charleston Mo St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF M. M. Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 1-1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

35

4

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bridges, Mo.

FATHER

13. NAME

August Meisner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Bell Keistner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Nellie A. Atkinson  
Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove

DATE 8/2

19. UNDERTAKER (ADDRESS)

Charleston Fun Co.  
Charleston Mo.

20. FILED

Aug 2nd 1933 F. J. Vernon

Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933 to Aug 1st 1933

I last saw him alive on Aug 1st 1933 Death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Puerperal E clampsia  
following Child birth of  
ten days ago.

Other contributory causes of importance:

Child birth

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Frank J. Vernon M. D.

(Address) Charleston Mo

